

**RENEWABLE OPERATING PERMIT APPLICATION
S-001: STATIONARY SOURCE**

This information is required by Article II, Chapter 1, part 55 (Air Pollution Control) of P.A. 451 of 1994, as amended, and the Federal Clean Air Act of 1990. Failure to obtain a permit required by Part 55 may result in penalties and/or imprisonment. Please type or print clearly. Refer to instructions for additional information to complete this form.

| | | | |
|------------------------|--|-----|--|
| Form Type S-001 | | SRN | |
|------------------------|--|-----|--|

| | | | |
|--|--------------|---------------------------------|------------------------------|
| STATIONARY SOURCE INFORMATION | | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
| 1. Stationary Source Name | | 2. Primary SIC Code | |
| 3a. Address (Street Number and Name) | | | |
| 3b. Address Continued | | | |
| 3c. City | 3d. Zip Code | 3e. County Name | |
| 4. Location if street address is not available | | a. Section | b. Township |
| | | c. Range | |
| 5. Number of Employees | | 6. Existing RO Permit Number | |
| 7. Confidential Data Included in This Application? – <i>Provide confidential information on Additional Information (AI) form.</i> | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Subject to Federal Program Regulating Ozone-Depleting Substances? (40 CFR Part 82) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9a. Subject to Federal Accidental Release Program? (Section 112(r) of the Clean Air Act Amendments, 40 CFR Part 68) | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9b. If Yes, has Risk Management Plan (RMP) been submitted? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Operator's Additional Information ID - <i>Create an Additional Information (AI) ID that is used to provide supplemental information on AI-001 regarding a Stationary Source.</i> | | | |
| AI | | | |

| | | | | |
|---|---------------------|---------------------------------|------------------------------|---------------------------------|
| OWNER INFORMATION | | <input type="checkbox"/> Change | <input type="checkbox"/> Add | <input type="checkbox"/> Delete |
| 11. Name | | | | |
| 12. Is the owner mailing address the same as the source address listed above? | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 13a. Mailing Address (Street Number and Name or P.O. Box) | | | | |
| 13b. Address Continued | | | | |
| 13c. City | 13d. State/Province | 13e. Zip or Postal Code | 13f. Country | |
| 14. Are there additional owners for this stationary source? | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <i>If Yes, provide the additional owner information on Additional Information (AI) form</i> | | | | |
| 15. Operator's Additional Information ID - <i>Create an Additional Information (AI) ID that is used to provide supplemental information on AI-001 regarding an owner.</i> | | | | |
| AI | | | | |